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Forensic Psychiatry and the Witness— A Survey

*Jewel Hammond Mack**

IT HAS BEEN RECOMMENDED THAT A COURSE in Forensic Psychiatry be included in the law school curriculum.¹ The gap between law and psychiatry—two fields closely related in many ways, certainly should be narrowed.

One of the main "causes of potential justice accidents is the fallibility inherent in testimonial evidence."² The effectiveness of a witness' oral testimony depends upon four factors: (1) intelligent observation of the event; (2) clear memory; (3) freedom from any compulsions to color or ignore the truth; and (4) ability to give a vivid description.

False, colored, incomplete, or confabulatory testimony is not always a deliberate attempt on the part of a witness to secure a desired outcome. Sometimes it may amount to perjury, but sometimes it may be an honest mistake. Or it may be based on motivations of which the witness himself is unaware. For example: A witness for the defense in a personal injury case has been the defeated defendant in previous litigation of the same type, which has depleted both his financial assets and also his sense of well-being. Can he be believed as a witness, or will he express his hostility by fabricating a story that will defeat the claim? Since this presupposes that a witness' attitude may be due to his externally-caused mental and emotional predisposition, should a psychiatric appraisal be a necessary requirement in determining his capacity to testify? Can this appraisal be effected by courtroom observations? Should a psychiatrist, in effect, direct some of the cross-examination? What clinical conditions (mental or emotional states) might affect the competency of a witness to testify? Let's see what the experts say.

* B. Mus., Howard Univ.; M.A. in Educ., Western Reserve Univ.; a teacher (for nine years) in the Cleveland Public Schools; and a second-year student at Cleveland-Marshall Law School.

[*Note:* Special acknowledgments of assistance are due to: Dr. Edward N. Hinko, Chief of Staff, and Dr. Carolyn H. Montier, both of Cleveland Psychiatric Institute, Cleveland, Ohio; and also to all the distinguished psychiatrists (listed at the end of this article) who took part in this survey.]

¹ T. Glynn Williams, M.D., Yale University, New Haven, Conn.

² Koessler, *Fallibility of Testimony and Judicial Accident Risk*, 4 *Criminal L. R.* (1) 12 (1957).

In this survey by the author the foregoing questions were asked of 50 qualified psychiatrists all over the United States. Their answers are stated as we consider each question.

Necessity for Pre-Trial Psychiatric Evaluation

Question	Yes	No	In some cases	When indicated by:	
				Overt behavior	Allegation of hostile attorney
Do you feel that a witness should be required to submit to a psychiatric examination before his testimony is accepted as evidence?	5	16	27	21	4

As a rule, a witness is presumed to be competent. If incompetency is alleged, the party alleging it must prove it. Most courts will at least partly base incompetency of a witness to testify on, among other things, a presumption of perjury (i.e., those with criminal records—certainly those previously convicted of perjury). Emotional or intellectual incompetency will seldom be revealed to the court. There may be indications of emotional or mental incapacity, but unless a witness voluntarily submits to a psychiatric examination, how can this be brought to the court's attention?

Answers to Question 1 seem to indicate that the majority of psychiatrists do not disfavor psychiatric appraisal of a witness; however, their comments are of interest:

Those who answered affirmatively further state: "The best interest of the client would be served in requesting examination in cases of disturbed mental behavior, but I feel that the allegations of a hostile attorney would not warrant psychiatric evaluation."³

"... Especially important in cases of allegation by a complaining witness of sexual assault. (Lord Hale was right!)"⁴

"I think that a witness should be required to submit to psychiatric examination whenever the situation indicates that his testimony may not reasonably be construed as a representation of the truth, regardless of by whom the allegation is made."⁵

"Yes, but only those who have been declared mentally ill by a court at some previous date should be treated in this manner."⁶

³ P. P. Barker, M.D., Vet. Adm. Hospital, Tuskegee, Ala.

⁴ W. Overholser, M.D., St. Elizabeth's Hospital, Washington, D. C.

⁵ Alfred G. Green, M.D., V. A. Hospital, Hines, Ill.

⁶ O. R. Yoder, M.D., Ypsilanti State Hospital, Ypsilanti, Michigan.

In some cases, the next group of psychiatrists also agrees, but "only by consent of the witness and agreement of counsel, and only when in the opinion of the judge, there is reasonable evidence that the witness' capacity is impaired by reasons of psychiatric abnormality. In such cases, the results of the examination should be presented to the jury by the psychiatrist. If any of these conditions are not complied with, the matter of the witness' credibility should be left to the jury.

"Witnesses who are compelled to testify should not be compelled to undergo psychiatric examination against their will. It is conceivable that such a provision might actually be used by some witnesses to avoid their obligation to testify."⁷

"In some cases, although a thorough examination might show a number of irrelevant defects in attitudes or character structure, only relevant material (as to a witness' memory, possible prejudices, intelligence and judgment) need be revealed which could be considered pertinent to the competency of their testimony."⁸

"In some cases when indicated by overt behavior and (or) present history tending to touch on sensitive areas of witness, caution must be used so that a witness is not testifying about a situation which by virtue of his own experience would be so emotionally charged as to make impartial testimony impossible."⁹

It has been said that a clever attorney, by "footwork" plus cross-examination, can discredit a prejudiced witness. "If this does not seem feasible, then a psychiatric appraisal may be helpful in some cases."¹⁰

The real difficulty lies in the fact that, as the law now stands, if a witness is *even admittedly* psychotic, this creates a separate issue to be determined by the court when the question is raised early at the trial, not at the conclusion; and proof of such an allegation is acceptable only if the attorney has objected to the testimony earlier, upon that ground.¹¹

From the results of the interrogation, we can safely conclude that while the majority of qualified psychiatrists do not disfavor a requirement of psychiatric appraisal, they do, however, recom-

⁷ G. Tarjan, M.D., Pacific State Hospital, Pomona, Calif.

⁸ A. Crandell, M.D., N. J. State Hospital, Greystone Park, N. J.

⁹ H. M. Baker, M.D.; Director of Correctional Psychiatry, N. H. State Hospital, Concord, N. H.

¹⁰ E. J. Fogel, M.D., V. A. Hospital, Durham, No. Car.

¹¹ *People v. Enright*, 256 Ill. 221, 99 N. E. 936 (1912); *State v. Teager*, 269 N. W. 348 (Iowa, 1936).

mend that any such requirement be exercised conservatively in those cases when overt behavior, present or past history would indicate a need for it.

Effectiveness of Courtroom Observation by a Psychiatrist

Question	Yes	No	In some cases	When indicated by overt behavior
Do you feel that courtroom observation of a witness by a psychiatrist is effective to determine his capacity to testify?	1	22	24	11

It has been suggested that since a witness cannot be required to submit to a psychiatric examination, that the attorney can bring out the incompetency by having the psychiatrist make a diagnosis based on the witness' overt behavior and speech in the courtroom.

The psychiatrists say, as to this:

"Such incomplete study is totally inadequate."¹² "In private interview, not in a courtroom only. The behavior in the courtroom alone might be misleading."¹³

"The climate of the courtroom does not lend itself to proper scientific evaluation of a mental condition."¹⁴ For instance, "malinger might be difficult to rule out by limited observation."¹⁵ "Some cases are obvious, while some are very hidden. I think it best to have more than casual observation if the witness is to be categorized with certainty."¹⁶

Other psychiatrists say that it is adequate to some extent:

"Overt behavior noted by a psychiatrist would not be sufficient to *diagnose* the witness but might be abnormal enough to indicate the need for *further* observation."¹⁷ "A courtroom may provide ample opportunity for psychiatric observation, but it is not that opportunity which really permits careful examina-

¹² E. J. Fogel, M.D., n. 11.

¹³ R. R. Rudolph, M.D., V. A. Hospital, Roanoke 17, Va.

¹⁴ P. P. Barker, M.D., V. A. Hospital, Tuskegee, Ala.

¹⁵ C. Hall, M.D., Cleveland Psychiatric Institute, Cleveland, Ohio.

¹⁶ A. Crandell, M.D., n. 9.

¹⁷ H. L. Flowers, M.D., V. A. Hospital, N. Y. C.; and G. Targan, M.D., n. 8, both agree.

tion.”¹⁸ “Courtroom observation might raise questions about testimonial capacity in some cases, and might call for a full examination. I do not think that it *alone* would suffice for a final decision either way.”¹⁹

Another psychiatrist tells us that “courtroom observation may rarely indicate to a psychiatrist that a witness is not capable of testifying but it can never be relied on to affirm that he is so capable.”²⁰

“The witness who is an unknown paranoid schizophrenic often sounds very convincing. Judges and jurors are likely to accept this testimony without the slightest question. A person suffering from such a mental state may have an obvious psychotic paranoid delusion about one area of his thinking and not about another unrelated area; therefore, if the testimony does not impinge on the area of this particular paranoid delusion, this witness’ testimony would make good sense and would not be obvious to the casual observer. For example, if a witness has a paranoid delusion toward men, she may give convincing testimony about a defective stairway which causes injury to a child. The psychiatrist, however, is aware that the delusional system in a paranoid schizophrenic is not specifically limited to certain very narrow confines; rather, it may reflect serious disturbed thinking and spurious reasoning in all areas of the patient’s thinking. The qualified psychiatrist would be familiar with the dynamics of such a mental state.”²¹

“Yes,” says another psychiatrist, “when the behavior of the witness is so overt and unmistakable as to indicate beyond a question of a doubt that the witness is distorting the truth (i.e., certain paranoid personalities and psychopaths). Similarly, with psychotics who couldn’t adequately comprehend a question.”

“Only in rare cases where behavior is apparently overtly bizarre. Some witnesses may be competent to testify, but require examination for their own protection against charges of the attorney, or inferences prejudicial to testimony.”²² “It is conceivable that a witness can become so flustered that the testimony

¹⁸ H. Arbuckle, M.D., Cleveland Psychiatric Institute, Cleveland, Ohio.

¹⁹ A. D. Pokorny, M.D., V. A. Hospital, Houston, Tex.

²⁰ J. Nurnberger, M.D., Indiana Univ. Medical Center, Indianapolis, Ind.

²¹ Carolyn H. Montier, M.D., Cleveland Psychiatric Institute, Cleveland, Ohio.

²² H. M. Baker, M.D., n. 10.

may well be questioned. A psychiatrist well trained in observation may be able to detect the situation."²³

From the answers regarding the feasibility of courtroom observation by a psychiatrist in order to determine testimonial capacity, we conclude that there is serious conflict of opinion as to the advisability of such a procedure at all. Almost half of the psychiatrists interrogated, however, do feel that although such a procedure would not suffice for a diagnosis, it might in some cases point up the need for a diagnosis based on further examination by a psychiatrist, which would include history, psychiatric testing, and above all, personal contact.

This brings us to question 3. Can the psychiatrist achieve what would approximate a personal interview with the witness if the psychiatrist directs the cross-examination? Herein lie two difficulties: (1) Would this be permitted by a court?; (2) would the line of questioning necessary to establish the incapacity be permitted, or would it be considered irrelevant to the case at hand?

Effectiveness of Direction of Cross-Examination by a Psychiatrist

Question	Yes	No	In some cases	When indicated by overt behavior
If permitted, do you feel that direction of the cross-examination by a psychiatrist would reveal certain clinical conditions which might affect the capacity of a witness to testify?	5	16	26	19

Some courts are familiar with certain types of psychopathy. For example; the hysterical girl who alleges rape, or the litigant who is bringing a personal injury action for the fourth time—the one who has devoted himself to the “gainful” employment of trying to collect damages. Psychiatrists describe this as litigious paranoia, or as compensation neurosis, depending on whether the person derives satisfaction from the litigation itself or from the compensation it might afford.

In these cases, seemingly irrelevant questions *may* be allowed. In other cases, however, the court may not allow the questions which a psychiatrist may feel are *necessary* to establish any incapacity. This brings to mind one of the clinical conditions

²³ E. P. Freedman, M.D., Northhampton State Hospital, Northhampton, Mass.

(discussed later) peculiar to the aged—senile psychosis—in which most patients have delusions of marital infidelity and (or) filial ingratitude. Questions regarding such delusions may be considered as *irregular*, to say the least.

Other psychiatrists who said “no,” further state:

“The idea of a psychiatrist openly directing a cross-examination in a courtroom appears to me the wrong way to find out what psychiatric conditions the patient is suffering from.”²⁴ “A psychiatrist is not prepared by experience and background to conduct a cross-examination; nor does such a procedure seem advisable. Psychiatrists should be available as consultants.”²⁵ “Certain obscure clinical conditions would be very difficult to demonstrate under the cross-examination situation, whereas they can be demonstrated in private interviews. This is analogous to a demonstration (examination of a mental patient) before a class of medical students, which often fails to show what has been obvious in private interviews.”²⁶

On the affirmative side were these comments:

“Delusions and prejudices in a mentally ill person might well be brought out by proper direction of the cross-examination.”²⁷ “When there is a question of memory involved or overt paranoid thinking by the witness, you could likely bring this out—more subtle things, less likely . . .”²⁸ “Of course it is quite possible that cross-examination directed by a psychiatrist would reveal certain clinical conditions, but there should be at least two psychiatrists arguing the ‘pros and cons.’”²⁹

“Hallucinatory experiences and delusional material may be brought out by questioning in some cases when indicated by overt behavior.”³⁰

“Yes, in the occasional case when a lawyer might feel that it is helpful to have the psychiatrist at his elbow to suggest lines of questioning; however, I do not think the psychiatrist would be needed in every case, nor do I think the psychiatrist ought to take the actual questioning over from the lawyer.”³¹

²⁴ R. R. Rudolph, M.D., n. 14.

²⁵ G. Tarjan, M.D., n. 8.

²⁶ A. D. Pokorny, M.D., n. 20.

²⁷ H. L. Nelson, M.D., Oregon State Hospital, Salem, Ore.

²⁸ H. S. Whiting, M.D., Conn. State Hospital, Middletown, Conn.

²⁹ Edwin W. Strauss, M.D., Lexington State Hospital, Lexington, Ky.

³⁰ C. Hall, M.D., n. 16.

³¹ A. Crandell, M.D., n. 9.

"Yes; however, I think this would probably be very difficult to effect. The liaison required between psychiatrist and attorney would not make for a very smooth examination; so that much of the nuance (indicative) material could only be expanded on with great difficulty (i.e., expanding on the first clue that might be presented in testimony that would indicate that this material might be, for example, a retrospective falsification of a paranoid)." ³²

One psychiatrist relates one of his experiences: "I once testified versus a former hospital patient. The judge could not understand the murderous assault of the defendant. The hospital attorney did not wish to bring out the criminalistic attitude of the defendant. The result was an unjust verdict in favor of the defendant who was at all times seemingly competent, but psychopathic (the true psychopath has no conscience). Direction of the cross-examination would have clarified the issue." ³³

This brings us to the last question, and to the discussion of clinical conditions in general and what effect they might have upon testimonial capacity.

Effect of Certain Clinical Conditions Upon Testimony

Question	Yes	No	In some cases	When indicated by:	
				Overt behavior	Allegation of hostile attorney
Would you agree that these clinical conditions might affect the capacity of a witness to testify?					
1. Alcoholism	22	3	22		
2. Drug Addiction	23	3	21		
3. Manic States	29	1	19		
4. Mental Deficiency	26	2	21		
5. Paranoid States	28	1	18		
6. Psychoneurosis	15	15	17		
7. Senile Psychosis	26	1	22		
8. Schizophrenia	26	1	21		
9. Socio-pathic Personality	20	8	19		
(formerly psychopathic personality)				42	3

Mental states may be divided into two very general categories: (1) the psychoses, and (2) the psychoneuroses. The

³² Alfred L. Green, M.D., n. 6.

³³ H. L. Flowers, M.D., n. 18.

psychoses include the more serious types of mental illness, while the psychoneuroses include the less serious types.

Some clinical conditions may fall in both categories, depending upon the degree of the illness.

Alcoholism

As a general rule, evidence showing a habit of alcoholism is not admissible unless:

1. The witness was inebriated at the time of the event about which he is testifying.
2. The witness is a deteriorated chronic alcoholic.
3. The witness has had episodes of pathologic intoxication.
4. The witness has, or at the time had, an alcoholic psychosis.

The conditions under which the witness observed the event in (1) and (2) would of necessity make his testimony unreliable.³⁴ "... Thus the alcoholic and drug addict while testifying under the influence of alcohol or drugs would be no good; or, while testifying about something they perceived while under the influence, would be no good."³⁵ "I believe that the temporal relation of the incident and the state of the witness would be necessary to ascertain."³⁶

In the third category of alcoholism, the witness does not by overt behavior indicate his degree of intoxication, but after he becomes sober he usually does not remember events which occurred during the period of his inebriation. His testimony would be questionable, because there is a tendency to fabricate the missing details of which he presently has no cognizance. "Is he trying to fill in the memory gaps by confabulating?"³⁷ is a question always to be asked.

The fourth category presents the alcoholic in his most serious state. Confabulation is a very characteristic trait of psychotic alcoholics; and although the patient himself may genuinely believe the stories he is telling, the psychiatrist is generally aware of this probable fabrication.

"They (alcoholics) also would be untrustworthy in cases where the witness had suffered organic deterioration of the brain

³⁴ Kuenster vs. Woodhouse, 77 N. W. 165 (Wis., 1898). "Testimony that during the month in question he habitually used intoxicating liquors is admissible."

³⁵ A. Crandell, M.D., n. 9.

³⁶ E. P. Freedman, M.D., n. 24.

³⁷ E. P. Freedman, M.D., Ibid.

from excessive and prolonged use of alcohol.”³⁸ “Alcoholics (and drug addicts) as a whole are noted for their ability to twist facts and tell outright falsehoods.”³⁹

Drug Addiction

The courts generally have shown greater concern over the reliability of the drug addict as compared with the alcoholic.⁴⁰ Perhaps this is attributable to public policy—drinking is more or less socially acceptable and the use of drugs is not. Is this a distinction without a difference as far as capacity to testify is concerned? One psychiatrist says that “alcoholism *and* drug addiction are symptoms of any underlying illness which could prevent capacity to testify.”⁴¹ Another psychiatrist says, “although each case must be considered on its own merits, alcoholics *and* drug addicts are as a whole noted for their ability to twist facts and tell outright falsehoods.”⁴²

Generally, however, courts do admit that while drug addiction may be evidence of “moral degeneracy,”⁴³ “lack of honesty,”⁴⁴ and “questionable credence,”⁴⁵ such evidence is not conclusive, and it remains a question of fact whether the capacity of a particular witness was impaired.⁴⁶

Manic States

Manic states fall in the category of psychoses. “Manic states might bias the subject’s testimony wholly or in part.”⁴⁷ “The manic ordinarily shows pronounced grandiose delusions depending on the degree of the illness, and may well be out of touch with reality due to grandiose thinking.”⁴⁸ In a less serious case, his effervescence and extreme confidence make him a seemingly

³⁸ A. Crandell, M.D., n. 9.

³⁹ H. L. Nelson, M.D., n. 27.

⁴⁰ *Effinger v. Effinger*, 239 P. 801 (Nev., 1925); *State v. Fong Loon*, 158 P. 233 (Idaho, 1916).

⁴¹ H. S. Whiting, M.D., n. 28.

⁴² H. L. Nelson, M.D., n. 27.

⁴³ *Beland v. State*, 217 S. W. 147 (Tex., 1920).

⁴⁴ *State v. Prentice*, 183 N. W. 411 (Iowa, 1921).

⁴⁵ *State v. White*, 10 Wash. 611, 39 P. 160, 41 P. 442 (1895).

⁴⁶ *Katleman v. State*, 175 N. W. 411 (Nebr., 1919); *State v. Gliem*, 17 Montana 17, 41 P. 998 (1895); *Kelley v. Maryland*, 45 F. 2d 782 (Dist. Court W. D. Va., 1929).

⁴⁷ A. Crandell, M.D., n. 9.

⁴⁸ H. S. Whiting, M.D., n. 28.

desirable witness whose testimony is not to be questioned. He can be discredited only by allowing him to talk long enough to discredit himself. A direct attack on a manic may be fatal, from the viewpoint of a cross-examiner.

Mental Deficiency

"Mental deficiency would militate against reliability."⁴⁹ As a rule mental defectives find it difficult to give a clear accurate account. "Organic cases such as mental defectives (and seniles) are poor observers in many instances and thus are not really competent witnesses."⁵⁰

Very often mental deficiency can be brought out by cross-examination (i.e., an attempt to show degree of comprehension of facts or questions asked); or by comparison with records from other sources of information, such as schools, the army, and the like.

Any testimony which might involve interpretation based on reasoning could not be reliable, from a mentally defective person. Most educators agree that mental defectives within a certain I.Q. range do remember specific, isolated subject matter after a sufficient amount of drill.

Paranoid States

Paranoid states were mentioned earlier. Paranoia falls into the general class of psychoses. "Paranoid states make it impossible to get accurate testimony if the matter in question is involved in the person's psychosis; otherwise, because of the split in personality, testimony given may be very accurate and compulsively honest."⁵¹

Psychoneurosis

This is the state about which a great many psychiatrists answered "no." Their comments:

"Neurotics are in touch with reality, but if very sick may be too emotionally involved and wrapped up to be entirely accurate, but usually are good witnesses."⁵²

"Neurosis would have to be assessed in the individual case. Neurotic depression might impair memory and concentration

⁴⁹ A. Crandell, M.D., n. 9.

⁵⁰ H. L. Nelson, M.D., n. 27.

⁵¹ H. S. Whiting, M.D., n. 28.

⁵² H. S. Whiting, M.D., *Ibid.*

and at the same time distort the witness' values so that he might blame a lot of trouble on some little thing. An acute anxiety state when observing or testifying may alter reliability, but there are times when milder fears would only concentrate attention on the subject matter of the case (which serves as an escape); so that a witness' statement would be strengthened by his being able to say he was alerted in no uncertain terms."⁵³

Mass psychoneurosis, however, presents a different problem. Mass psychoneurosis may occur in small areas in time, or place, or subject matter; and, it is usually an expression of the type of tension that results when everyone, the majority, or a certain group of people, may feel threatened by the happening of some event such as war—in biblical times, famine—droughts, crime, or epidemics of one sort or another. In such event, people feel that safety is in numbers; so they join with the numbers, taking upon themselves the same identity, and sometimes striking out blindly at whatever (animate or inanimate) they feel may appropriately bear the responsibility. Genuine objectivity in anyone is difficult, but in the foregoing situation it is annihilated by the venom of public sentiment. Needless to say, testimony of witnesses identified with such a group may well be fabricated, for by the time testimony is given, there must be some justification for their actions, whether true or false.

Senile Psychosis

Senile psychosis is among the more serious mental illnesses. Its three main characteristics are:

1. Delusions of marital infidelity
2. Delusions of ingratitude
3. Poor memory

"Seniles depend on the retention of memory to determine their capacity and should be carefully studied."⁵⁴

"Organic cases such as seniles are poor observers and thus are not really competent witnesses."⁵⁵

Schizophrenia

The schizophrenic finds it difficult to distinguish between reality and fantasy. If he is an active schizophrenic, he is char-

⁵³ A. Crandell, M.D., n. 9.

⁵⁴ H. S. Whiting, M. D., n. 28.

⁵⁵ H. L. Nelson, M.D., n. 27.

acterized by poor memory, autistic (dreamy) thinking, delusion formation, bizarre behavior and (or) hallucinations, and paranoid ideas (feelings of persecution).

"Schizophrenia states make it impossible to get accurate testimony if the matter in question is involved in the person's psychosis."⁵⁶ As was discussed earlier, a schizophrenic's testimony would be questionable because it would be difficult to determine where fantasy ends and reality begins. This is often the case in a personal injury action against a mental hospital for injury caused allegedly by an unsafe condition of the premises. Other patients may be called upon to testify.

Sociopathic Personality

Sociopathic personality was formerly called psychopathic personality. Immediately this suggests to the lay mind a serious illness which necessitates confinement in a psychopathic ward. This is not so. Some nomenclature now uses the former word, which probably more correctly describes the psychopath.

Here, behavior is characterized by a social or antisocial behavior. This describes a person who though neither insane nor mentally defective (feeble-minded) never seems to be willing to conform to normal standards of behavior.

The intelligent sociopath often engages in crimes of fraud, trickery, or deceit. The less intelligent may engage in the more violent crimes.

The difficulty here would be the discovery of such a witness by observation or interrogation. The diagnosis of the sociopath depends largely upon historical data about the patient, establishing a certain pattern of behavior.

"Sociopaths are so careless with the truth as to always be suspect."⁵⁷

One psychiatrist refers to this as a "wastebasket category, and not a psychopathological entity. In some cases, the answer is yes. However, the testimony is suspect because in a witness with a distorted or deficiency of conscience (a true psychopath), his honesty and integrity is impulsive and undependable."⁵⁸

It is conceivable that a witness who is a party in interest might perjure or color the facts, but when a totally disinterested

⁵⁶ H. S. Whiting, M.D., n. 28.

⁵⁷ H. S. Whiting, M.D., *Ibid.*

⁵⁸ H. B. Witten, M.D., V. A. Hospital, Oklahoma City, Okla.

party voluntarily gives very damaging evidence which seems to be fabricated, unconscious motivation may be a basis.

Realization of the possibility of the existence of certain abnormal mental and emotional states, and of their effects upon the credibility of the testimony of a witness, can be of invaluable help to the practicing attorney.

List of Psychiatrists Interrogated

Dr. C. K. Aldrich University of Chicago Clinics Chicago, Ill.	Dr. E. P. Freedman Northampton State Hospital Northampton, Mass.
Dr. Arbuckle Cleveland Psychiatric Institute Cleveland, Ohio	Dr. H. S. Gaskill Colorado Psychopathic Hospital Denver, Colo.
Dr. M. Asekoff Metropolitan State Hospital Waltham, Mass.	Dr. E. F. Gildea Homer G. Phillips Hospital St. Louis, Mo.
Dr. H. M. Baker Director of Correctional Psychiatry New Hampshire State Hospital Concord, N. H.	Dr. H. Goldhirsch Cleveland Psychiatric Institute Cleveland, Ohio
Dr. J. Barasch Veterans Adm. Hosp. Brooklyn, N. Y.	Dr. A. G. Green V. A. Hospital Hines, Ill.
Dr. A. P. Barker V. A. Hosp. Tuskegee, Ala.	Dr. C. Hall Cleveland Psychiatric Institute Cleveland, Ohio
Dr. S. G. Bedell Duval Med. Center Jacksonville, Fla.	Dr. L. Halperin Vet. Adm. Hosp., West Side Chicago, Ill.
Dr. A. E. Bennett Herrick Memorial Hosp. Berkeley, Calif.	Dr. W. M. Harris Vet. Hosp. Perry Point, Md.
Dr. N. Q. Brill U. of Calif. Med. Center Los Angeles 24, Calif.	Dr. P. E. Huston Iowa State Psychopathic Hosp. Iowa City, Iowa
Dr. A. K. Busch St. Louis State Hospital St. Louis, Mo.	Dr. L. J. Karnosh Cleveland Clinic Cleveland 6, Ohio
Dr. A. Crandell New Jersey State Hosp. Greystone Park, N. J.	Dr. R. H. Kettle Norwich State Hospital Norwich, Conn.
Dr. J. T. Ferguson V. A. Hosp. San Francisco, Calif.	Dr. R. J. Lentz Patton State Hospital Patton, Calif.
Dr. H. L. Flowers V. A. Hosp. N. Y. C.	Dr. R. H. Meng Crownsville State Hospital Crownsville, Md.
Dr. E. J. Fogel V. A. Hosp. Durham, No. Car.	Dr. Carolyn H. Montier Cleveland Psychiatric Institute Cleveland, Ohio
Dr. G. R. Forrer Northville State Hosp. Northville, Mich.	Dr. H. L. Nelson Oregon State Hosp. Salem, Ore.

Dr. J. Nurnberger
Indiana U. Med. Center
Indianapolis, Ind.

Dr. W. A. Oliver
Napa State Hosp.
Imola, Calif.

Dr. W. Overholser
St. Elizabeth's Hosp.
Washington, D. C.

Dr. R. M. Patterson
Columbus Rec. Hosp.
Columbus, Ohio

Dr. A. D. Porkorny
V. Adm. Hosp.
Houston, Tex.

Dr. R. R. Rudolph
V. A. Hosp.
Roanoke 17, Va.

Dr. Selymes
Cleveland Psychiatric Inst.
Cleveland, Ohio

Dr. T. L. L. Soniat
De Paul Hospital
New Orleans, La.

Dr. Erwin W. Straus
V. A. Hosp.
Lexington, Ky.

Dr. G. Tarjan
Pacific State Hosp.
Pomona, Calif.

Dr. H. Tucker
Agnew, Calif.

Dr. H. S. Whiting
Connecticut State Hospital
Middletown, Conn.

Dr. H. B. Witten
V. A. Hospital
Oklahoma City, Okla.

Dr. T. Glynn Williams
Yale University
New Haven, Conn.

Dr. O. R. Yoder
Ypsilanti State Hospital
Ypsilanti, Mich.